Rep. Warren Davidson OH-08



Return completed form(s) to the address listed below.

Butler County District Office: 8857 Cincinnati-Dayton Road, #102 West Chester, OH 45069

Fax: 513-779-5315

PRIVACY ACT RELEASE FORM PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name:______ Nick Name:_____ Mr./Mrs./Ms. Additional Name on Record (if any): Address of Residence: State Zip County Phone #: Home (____)_____ Work (____)_____ Other (____)____ **Email Address:** ☐ Check here to receive e-mail updates from Congressman Warren Davidson. To begin your inquiry, provide all pertinent information related to your case/claim: Federal Agency Involved (i.e., IRS, CIS, VA, etc.): Social Security Number:____ Date of Birth: ** DO NOT complete for immigration issues ☐ Immigration Alien number (if any): ______ Country of Birth: _____ Immigration receipt/tracking number(s) (no Social Security numbers): Petitioner's Name: Applicant's Name: _____ Date of filing: Place of filing: Immigration Form Type(s) – check all that apply: $\square G-639 \ \square I-90 \ \square I-129 \ \square I-129F \ \square I-130 \ \square I-131 \ \square I-140 \ \square I-212 \ \square I-290B \ \square I-360$ $\Box I-485$ $\Box I-526$ $\Box I-539$ $\Box I-589$ $\Box I-590$ $\Box I-600A$ $\Box I-600$ $\Box I-601$ $\Box I-612$ $\Box I-690$ \Box I-730 \Box I-751 \Box I-765 \Box I-821 \Box I-824 \Box I-829 \Box I-914 (Supplement A, B, or C) □I-918 □I-924 □I-929 □N-400 □N-600 □N-565 □N-644 □Other: _____ □ VA/Military ID#: _______ Veteran's Claim #:_____

☐ Military Branch, Rank & Unit:

Other Numbers Identifying your claim:_____

Please clearly describe your situation/timeline of activity, and the action, result, or information you desire. IRS matters must list the specific tax year(s) involved; if two names are on the return BOTH must sign the waiver. Please provide additional pages or pertinent documentation, as necessary. Inquiries may only be made on behalf of the person(s) directly affected.	
	
Section below to be completed by	y the person(s) who is the subject of the request:
Permission in writing is required by form authorizes Rep. Warren Davi appropriate officials on your behalf	efore making an inquiry on your behalf. Completing and signing this idson and the staff of the 8 th Congressional District to make inquiries to the f, and the release of information to the Congressman or his staff. This ed in writing or the stated issue is resolved.
I certify, under penalty of	
1) I provided or author any document sub-	orized all of the information in this privacy release and
•	derstand all of the information contained in my privacy
release and submit	ted with it; and
3) all of this informat	ion is complete, true, and correct.
records as relevant to checking my	prize the agency(s) listed to release information contained in my/our v/our case status, answering questions, and providing information, to presentative Warren Davidson and the Member's staff.
SIGNATURE:	DATE:

** Only ONE signature for immigration issues.

SIGNATURE: _____

DATE:_____